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Epidemiologic Notes and Reports Immunodeficiency among Female Sexual Partners of Males with Acquired Immune Deficiency Syndrome (AIDS) -- New York

CDC has received reports of two females with cellular immunodeficiency who have been steady sexual partners of males with the acquired immune deficiency syndrome (AIDS).

Case 1: A 37-year-old black female began losing weight and developed malaise in June 1982. In July, she had oral candidiasis and generalized lymphadenopathy and then developed fever, non-productive cough, and diffuse interstitial pulmonary infiltrates. A transbronchial biopsy revealed *Pneumocystis carinii* pneumonia (PCP). Immunologic studies showed elevated immunoglobulin levels, lymphopenia, and an undetectable number of T-helper cells. She responded to antimicrobial therapy, but 3 months after hospital discharge had lymphadenopathy, oral candidiasis, and persistent depletion of T-helper cells.

The patient had no previous illnesses or therapy associated with immunosuppression. She admitted to moderate alcohol consumption, but denied intravenous (IV) drug abuse. Since 1976, she had lived with and had been the steady sexual partner of a male with a history of IV drug abuse. He developed oral candidiasis in March 1982 and in June had PCP. He had laboratory evidence of immune dysfunction typical of AIDS and died in November 1982.

Case 2: A 23-year-old Hispanic female was well until February 1982 when she developed generalized lymphadenopathy. Immunologic studies showed elevated immunoglobulin levels, lymphopenia, decreased T-helper cell numbers, and a depressed T-helper/T-suppressor cell ratio (0.82). Common infectious causes of lymphadenopathy were excluded by serologic testing. A lymph node biopsy showed lymphoid hyperplasia. The lymphadenopathy has persisted for almost a year; no etiology for it has been found.

The patient had no previous illnesses or therapy associated with immunosuppression and denied IV drug abuse. Since the summer of 1981, her only sexual partner has been a bisexual male who denied IV drug abuse. He developed malaise, weight loss and lymphadenopathy in June 1981 and oral candidiasis and PCP in June 1982. Skin lesions, present for 6 months, were biopsied in June 1982 and diagnosed as Kaposi's sarcoma. He has laboratory evidence of immune dysfunction typical of AIDS and remains alive. Reported by C Harris, MD, C Butkus Small, MD, G Friedland, MD, R Klein, MD, B Moll, PhD, E Emeson, MD, I Spigland, MD, N Steigbigel, MD, Depts of Medicine and Pathology, Montefiore Medical Center, North Central Bronx Hospital, and Albert Einstein College of Medicine, R Reiss, S Friedman, MD, New York City Dept of Health, R Rothenberg, MD, State Epidemiologist, New York State Dept of Health; AIDS Activity, Center for Infectious Diseases,

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Editorial Note

Editorial Note: Each reported female patient developed immunodeficiency during a close relationship, including repeated sexual contact, with a male who had AIDS. Patient 1 fits the CDC case definition of AIDS used for epidemiologic surveillance (1). Patient 2 does not meet this definition, but her persistent, generalized lymphadenopathy and cellular immunodeficiency suggest a syndrome described among homosexual men (2). The epidemiologic and immunologic features of this "lymphadenopathy syndrome" and the progression of some patients with this syndrome to Kaposi's sarcoma and opportunistic infections suggest it is part of the AIDS spectrum (3,4). Other than their relationships with their male sexual partners, neither patient had any apparent risk factor for AIDS. Both females specifically denied IV drug abuse.

Epidemiologic observations increasingly suggest that AIDS is caused by an infectious agent. The description of a cluster of sexually related AIDS patients among homosexual males in southern California suggested that such an agent could be transmitted sexually or through other intimate contact (5). AIDS has also been reported in both members of a male homosexual couple in Denmark (6). The present report supports the infectious-agent hypothesis and the possibility that transmission of the putative "AIDS agent" may occur among both heterosexual and male homosexual couples.

Since June 1981, CDC has received reports of 43 previously healthy females who have developed PCP or other opportunistic infections typical of AIDS. Of these 43 patients, 13 were reported as neither Haitians nor IV drug abusers. One of these 13 females is described in case 1; another four, including two wives, are reported to be steady sexual partners of male IV drug abusers. Although none of the four male partners has had an overt illness suggesting AIDS, immunologic studies of blood specimens from one of these males have shown abnormalities of lymphoproliferative response (7). Conceivably, these male drug abusers are carriers of an infectious agent that has not made them ill but caused AIDS in their infected female sexual partners.

References

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